## FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

## **ELEVATION CERTIFICATE**

Important: Read the instructions on pages 1 - 7, SECTION A - PROPERTY OWNER INFORMATION For Insurance Company Use: BUILDING OWNER'S NAME Policy Number DAVE & JACKIE HARTLEY BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bidg. No.) OR P.O. ROUTE AND BOX NO. Company NAIC Number 681 FARNSWORTH ZIP CODE STATE CENTRAL POINT OR 97502 PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
LOT 16, BLOCK 2, STONECREEK No. 2 SUBDIVISION T379, R2W, SEC. 11C TAX LOT T379, R2W, SEC. 11C TAX LOT 8800 BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Residential LATITUDE/LONGITUDE (OPTIONAL) SOURCE; GPS (Type): USGS Qued Map HORIZONTAL DATUM: (##°-##-#### or ######) ☐ NAD 1927 ☐ NAD 1983 Other: SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER **B2. COUNTY NAME** B3. STATE CITY OF CENTRAL POINT 410092 Jeckann OR 84, MAP AND PANEL B5, SUFF(X **B7. FIRM PANEL** 89, BASE FLOOD ELEVATION(S) NUMBER **B8. FIRM INDEX DATE** B8. FLOOD ZONE(S) EFFECTIVE/REVISED DATE (Zone AO, use depth of flooding) 0001 01-19-82 01-19-82 1294.5 B10. Indicate the source of the Base Flood Elevation (BFE) date or base flood depth entered in B9. FIS Profile FIRM Community Determined Other (Describe): B11. Indicate the elevation datum used for the BFE in B9; 

✓ NGVD 1929 NAVD 1988 | Other (Describe): B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? 🔲 Yee 🔯 No Deelgnetion Date SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) C1. Building elevations are based on: Construction Drawings\* Building Under Construction\* ☐ Finished Construction \*A new Elevation Certificate will be required when construction of the building is complete. .C2. Building Diagram Number 2 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.) C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO Complete Items C3,-a-I below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation, Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the deturn conversion. Datum NGVD 1929 Conversion/Comments REGISTERED Elevation reference mark used RM-2 Does the elevation reference mark used appear on the FIRM? Yes III No PROPESSIONAL a) Top of bottom floor (including basement or enclosure) 1293. 54 ft.(m) LAND SURVEYOR b) Top of next higher floor 1295, 79 fL(m) c) Bottom of lowest horizontal structural member (V zones only). fL(m) d) Attached garage (top of slab) 1294. 93 ft.(m) OREGÓN MLY 26, 1985 e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) HERBERT A. FARBER 1295 . 09 fL(m) f) Lowest adjacent (finished) grade (LAG) 1293.78ft(m) g) Highest adjacent (finished) grade (HAG) 1294. 77 ft.(m) (flood vents) within 1 ft. above adjacent grade 19 RENEWAL DATE 12-31-2003 🔁 I) Total area of all permanent openings (flood vents) in C3.h 1567.5 eq. in. (sq. cm) SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information in Sections A, B, and C on this certificate represents my bast efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001. CERTIFIER'S NAME HERBERT A, FARBER LICENSE NUMBER L8 2189 TITLE PRESIDENT COMPANY NAME FARBER SURVEYING ADDRESS CITY STATE ZIP CODE 120 MISTLETOE STREET MEDFORD OR 97501 moth of SIGNATURE DATE TELEPHONE 06-04-02 (541) 778-0848

IMPORTANT: In these spaces, copy the corresponding information from Section A.				For Insurance Company Use:
BUILDING STREET ADDRESS (Including 681 FARNSWORTH	Apt., Unit, Sulta, and/or Bldg. No.) OR P.O. ROUTS	E AND BOX NO.		Policy Number
CITY CENTRAL POINT		STATE OR	ZIP CODE 97502	Company NAIC Number
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)				
	icate for (1) community official, (2) insurance		Charles of the control of the contro	
COMMENTS BFE WAS DETERMINED BY JOHN	JENSEN, PE. BOTTOM FLOOR IS CRAWL	SPACE. NEXT HIGHER FL	OOR IS THE INHABITED	FINISHED FLOOR.
C3E ELEVATION IS THE CONCRET	E SLAB FOR THE HEAT PUMP.			
				Charle hara if afterdaments
SECTION E - BUILDIN	G ELEVATION INFORMATION (SURV	YEY NOT REQUIRED) FO	OR ZONE AO AND ZO	Check here if attachments  NE A WITHOUT BFE)
	complete items E1 through E4. If the Eleval	NAME AND ADDRESS OF THE OWNER, WHEN PERSON NAMED IN	CANADA SERVICIO DE LA CANADA SE CANA	
Section C must be completed.				
represents the huilding provide a cl	the bulking diagram most similar to the buildi			· ·
E2. The top of the bottom floor (including	basement or enclosure) of the building is	_ fl.(m)ln.(cm) above	or below (check one	) the highest adjacent grade. (Use
and und amode 16 a vallable)	ings (eee page 7), the next higher floor or ele			
grade. Complete items C3.h and C;	ings (eee page 7), the next higher floor or ele 3.1 on front of form.	vated floor (elevation b) of the	e building is 🚺 ft.(m)	in.(cm) above the highest adjacent
E4. For Zone AO only: If no flood depth	number is available, is the top of the bottom f	loor elevated in accordance v	with the community's flood	plain management ordinance?
	he local official must certify this information in			
	CTION F - PROPERTY OWNER (OR C			
Issued BFE) or Zone AO must sign her	ed representative who completes Sections A e. The statements in Sections A, B, C, and E	E are correct to the best of my	nny), and Etorzone A (wi / knowledae.	inout a FEMA-issued or community-
	SAUTHORIZED REPRESENTATIVE'S NA			
ADDRESS	•	CITY	STAT	TE ZIP CODE
SIGNATURE		DATE	TELE	PHONE
COMMENTS				
				Check here if attachments
	SECTION G - COMMUNI			
the local official who is authorized by law Certificate. Complete the applicable Item	or ordinance to edminister the community's: (a) and alon below	floodplain management ordin	nance can complete Section	xns A, B, C (or E), and G of this Elevation
G1. The Information In Section C was	taken from other documentation that has be	en signed and embossed by	a licensed surveyor, engi	neer, or architect who is authorized by
state or local law to certify eleval	ion information. (Indicate the source and dat	e of the elevation data in the	Comments area below.)	Ť
G3. The following Information (Items	Section E for a building located in Zone A (with G4-G9) is provided for community floodplain	nout a rema-issued or com: management purposes.	munity-issued BFE) or Zor	18 AO.
G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED		ATE CERTIFICATE OF COM	PUANCE/OCCUPANCY ISSUED
G7. This permit has been issued for.   G8. Elevation of as-built lowest floor (Inclu	New Construction	ment Xne; the	1293 54ft(m)	Datum: 16001929
G9. BFE or (In Zone AO) depth of flooding			294 5 ft.(m)	Datum: 10011929
LOCAL OFFICIAL'S NAME	H C in time	TITLE		,
COMMUNITY NAME	att Samitore	TELEPHON		nity Planse
SIGNATURE CEN	cal to st	DATE	111-66	4-3321
COMMENTS 2/	autramic		6/11/02	
Clevation	erty, Eate is for	insurance p	ourposed.	
		•	*,	•
		***************************************		Check here if attachments